INTERNATIONAL STUDENT IMMUNIZATION FORM

This form is the required immunization form for all international students. Please have your healthcare provider complete and sign this form. Results must be submitted in English. If there is an issue with the translation, interpretation of results, or legibility of documents, you will be asked to resubmit documentation or repeat the injection / test.

Name: ___________________________ Birthdate: ___________ Student ID#: ___________
  Last/Family First/Given MM/DD/YYYY

MENINGITIS – *Required within the last 5 years. Exempt if 22 years or older by first day of class.

  _____ / _____ / _______
  MM  DD  YYYY

MEASLES, MUMPS, RUBELLA (MMR)

  MMR 1
  ___ / ___ / ______
  MM  DD  YYYY

  MMR 2
  ___ / ___ / ______
  MM  DD  YYYY

T-SPOT TEST - A T-Spot (tuberculosis) blood test will be required for all incoming international students. The test will be given by LETU Health Services. Further details will be provided upon arrival to campus. Chest X-rays or other TB skin tests will not be accepted.

HEALTH CARE PROVIDER INFORMATION

Physician or Nurse’s Signature: _____________________________

Date of Signature: _____ / _____ / _______
  MM  DD  YYYY

Address of Clinic or Office: _____________________________

Office Telephone Number: _____________________________

THIS FORM MUST BE RETURNED PRIOR TO REGISTRATION

For more information: www.letu.edu/student-life/health-services.html#ContentBlock-1-1

Return to: Angela Clipperton, RN
LeTourneau University, Health Services
PO Box 7001
Longview, TX 75607-7001

Upload to: https://my.letu.edu/ICS/Student_Life/
Email: angelaclipperton@letu.edu
Fax: 001-903-233-4403

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